

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/24/2014	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint #IN00146206, completed on March 26, 2014.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaints, #IN00141818, #IN00142005, & #IN00142565, completed on February 10, 2014.</p> <p>Complaint #IN00146206- Corrected.</p> <p>Survey dates: April 21, 22, & 24, 2014</p> <p>Facility number: 000051 Provider number: 155121 AIM number: 100275490</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: SNF- 15 SNF/NF- 110 Total- 125</p> <p>Census payor type: Medicare- 20 Medicaid- 84 Other- 21 Total- 125</p> <p>Sample: 8</p> <p>Rosewalk Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 16.2 in regard to the PSR to the Investigation of Complaint IN00146206. Quality Review was completed by Tammy Alley RN on April 24, 2014.	{F 000}			